



US009339281B2

(12) **United States Patent**
Keppler et al.

(10) **Patent No.:** **US 9,339,281 B2**
(45) **Date of Patent:** **May 17, 2016**

(54) **SURGICAL GUIDING TOOLS AND SYSTEMS
AND METHODS OF MANUFACTURING
SURGICAL GUIDING TOOLS**

USPC 606/86 R-89
See application file for complete search history.

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

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(21) Appl. No.: **14/628,528**

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(22) Filed: **Feb. 23, 2015**

International Search Report issued Nov. 6, 2013 on related Application No. PCT/EP2013/067721 filed Aug. 27, 2013.

(65) **Prior Publication Data**

US 2015/0157343 A1 Jun. 11, 2015

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Related U.S. Application Data

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(63) Continuation of application No. 14/010,256, filed on Aug. 26, 2013, now abandoned.

(60) Provisional application No. 61/693,525, filed on Aug. 27, 2012.

(51) **Int. Cl.**

A61B 17/58 (2006.01)

A61B 17/17 (2006.01)

A61B 17/56 (2006.01)

A61B 17/00 (2006.01)

(52) **U.S. Cl.**

CPC **A61B 17/1764** (2013.01); **A61B 17/56** (2013.01); **A61B 2017/00862** (2013.01); **A61B 2017/568** (2013.01)

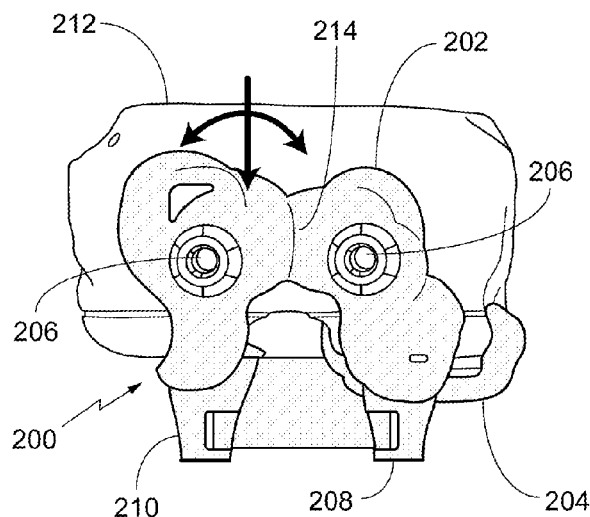
(58) **Field of Classification Search**

CPC A61B 17/155; A61B 17/1764

ABSTRACT

The present application relates to surgical guiding tools that may be used for guiding a surgical instrument during bone surgery. A surgical guiding tool may include a body including one or more clamps configured to attach the surgical guiding tool to one or more portions of the bone, wherein a first clamp of the one or more clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool from the bone. The surgical guiding tool may further include at least one aperture for guiding a surgical instrument. The present application further provides methods for manufacturing surgical guiding tools and uses of the tools for placement onto a bone.

18 Claims, 8 Drawing Sheets



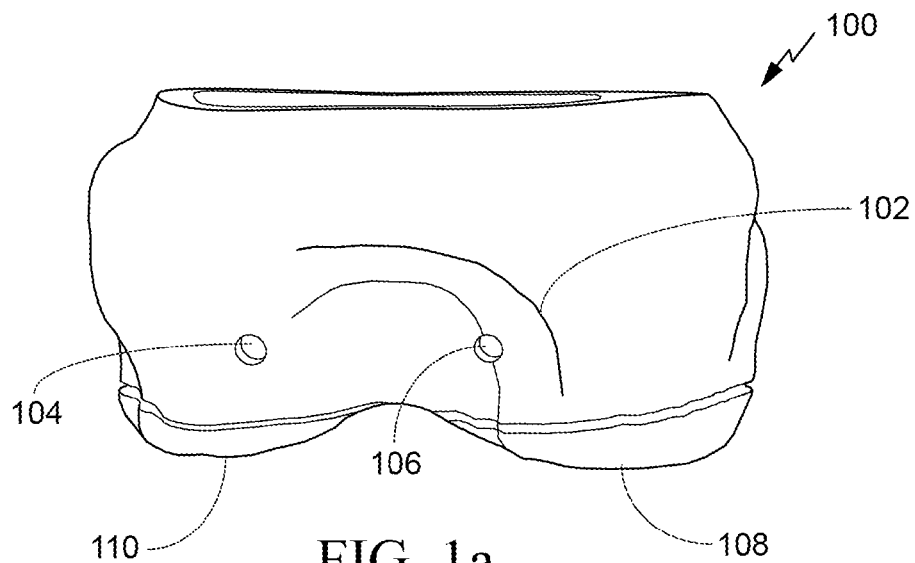


FIG. 1a

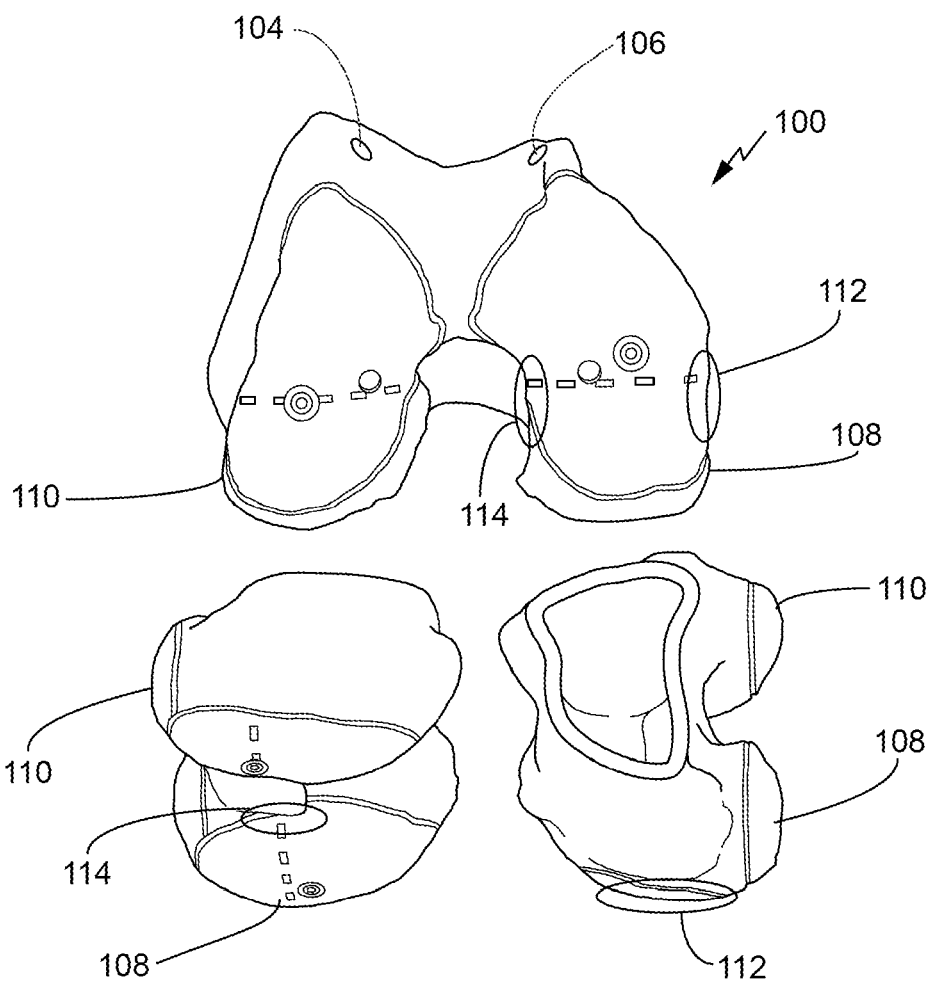


FIG. 1b

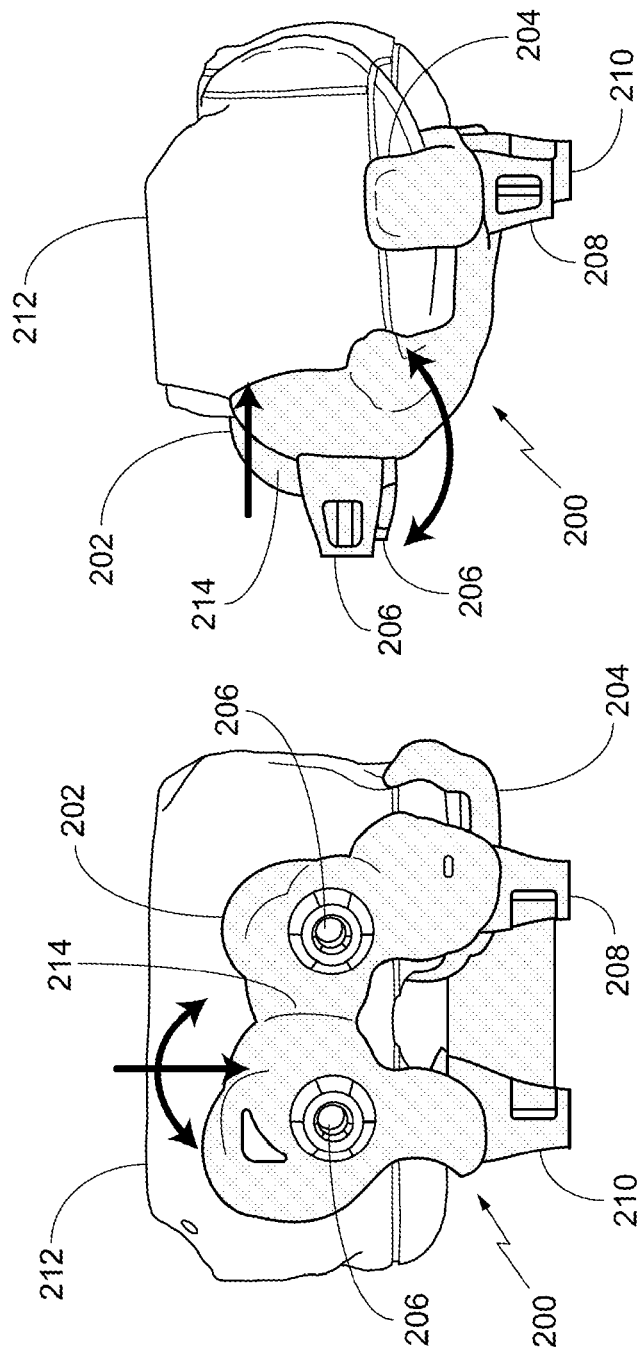


FIG. 2b

FIG. 2a

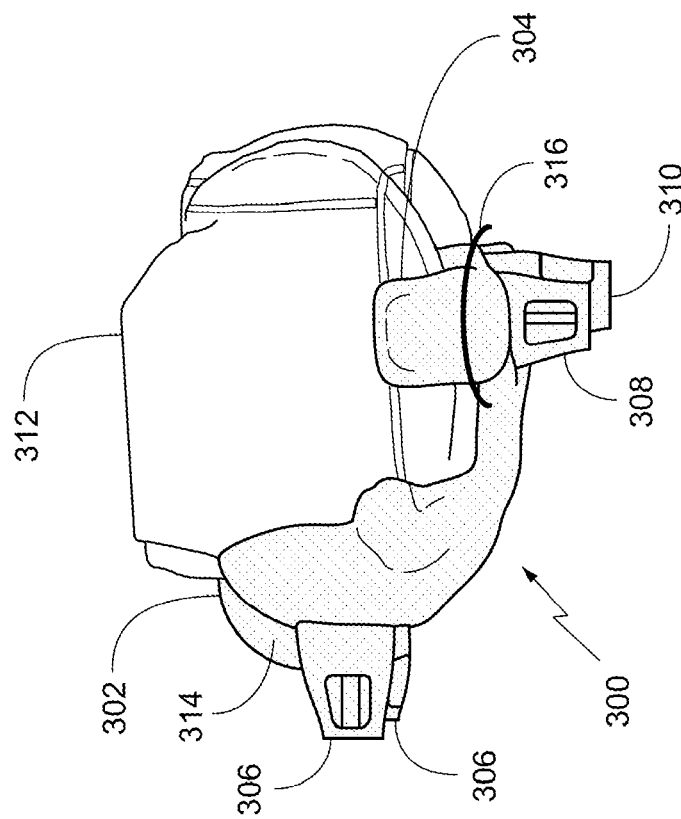


FIG. 3

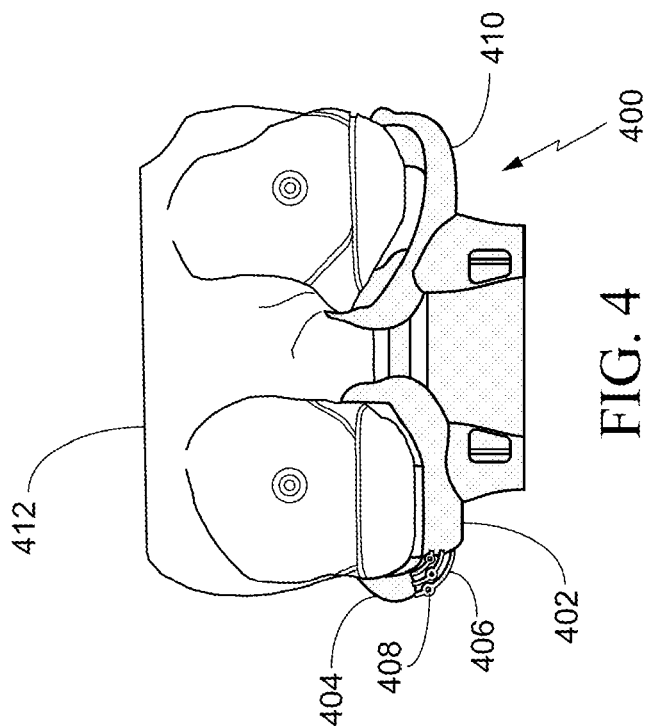


FIG. 4

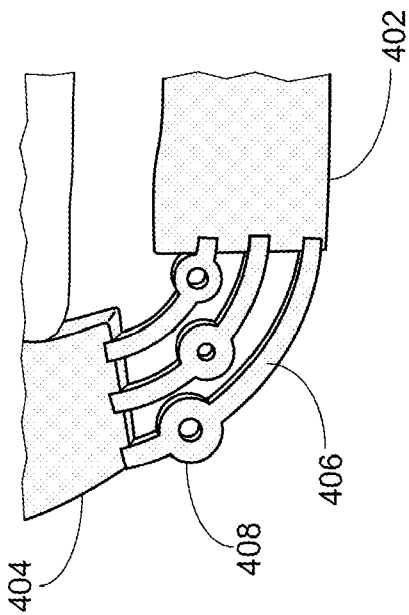


FIG. 5

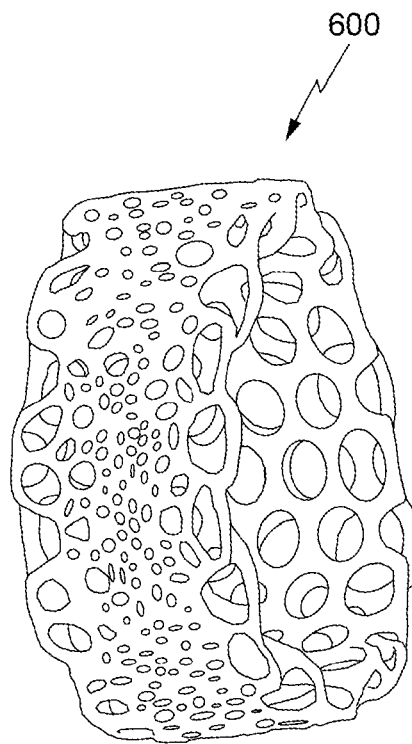


FIG. 6

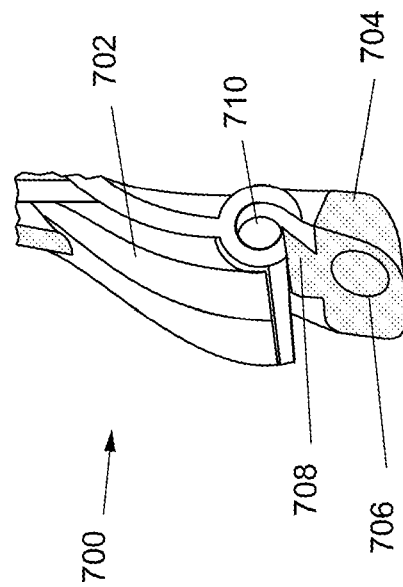


FIG. 7a

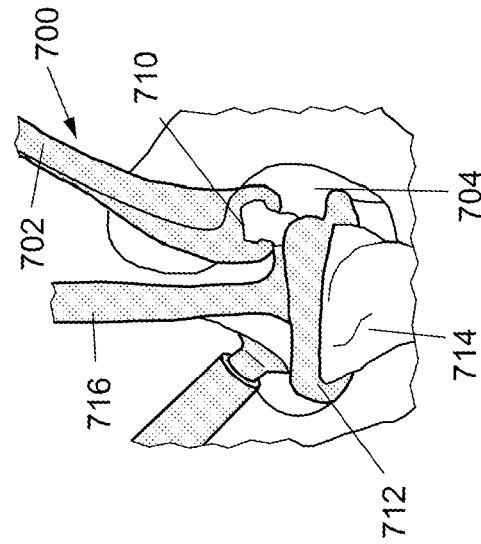


FIG. 7b

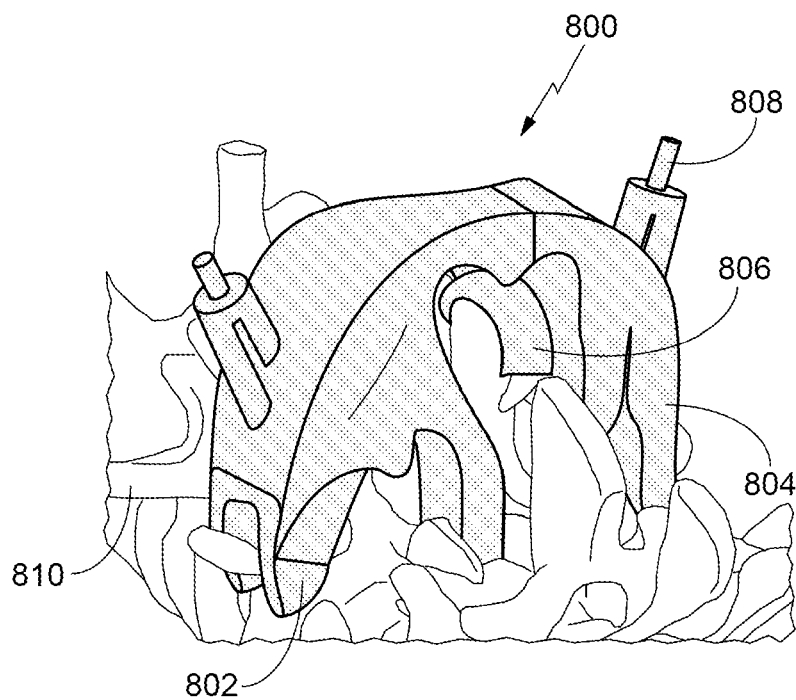


FIG. 8a

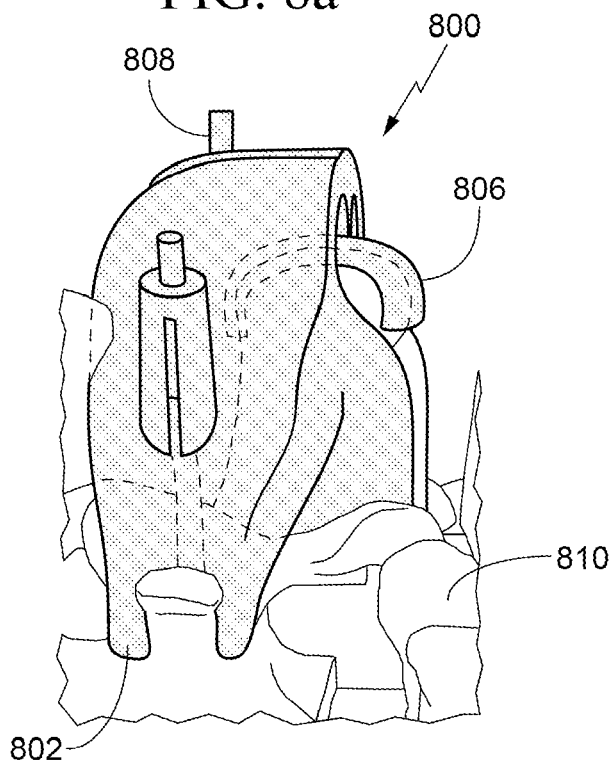


FIG. 8b

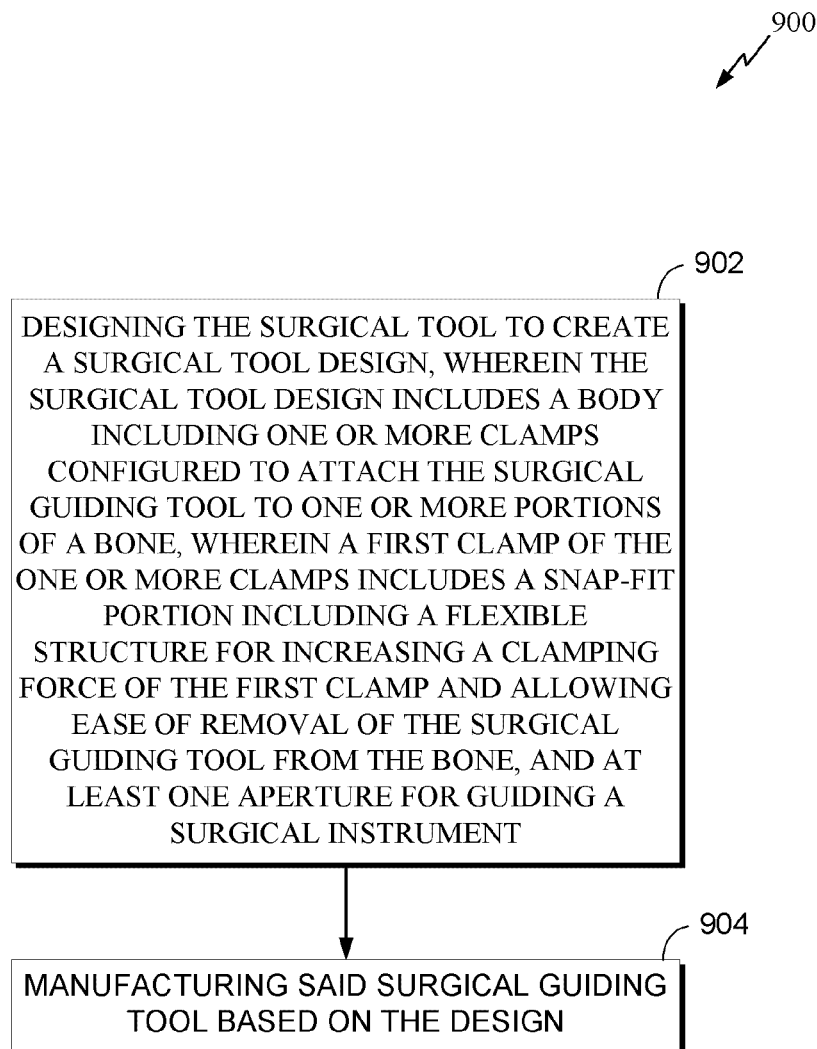


FIG. 9

1

SURGICAL GUIDING TOOLS AND SYSTEMS AND METHODS OF MANUFACTURING SURGICAL GUIDING TOOLS

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. patent application Ser. No. 14/010,256, filed Aug. 26, 2013, which claims the benefit of U.S. Provisional Application No. 61/693,525, filed Aug. 27, 2012, the entire disclosure of each of which is hereby incorporated by reference.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present application relates to surgical guiding tools for use in guiding a surgical instrument during orthopedic surgery. This application also relates to methods for manufacturing surgical guiding tools and methods for using the surgical guiding tools in bone surgery.

2. Description of the Related Technology

Surgical guiding tools assist surgeons and have wide applications in orthopedic surgery. Surgical guiding tools may allow a surgeon to accurately transfer a preoperative surgical plan into the operating room. Further, surgical guiding tools may help guide a surgical instrument, such as a cutting or drilling instrument, along a pre-defined cutting or drilling path.

Problems may arise when adjustable surgical guiding tools, which may include components that can be positioned to attach to or around a part of the bone, are unstable or provide inaccurate surgical instrument guiding positions. For example, a surgical guiding tool may not fit well on a patient's bone and may be unstable as a result. Furthermore, the guiding position for a surgical instrument may be imprecise because of the amount of distance between the supporting anatomy and the planned point of entry of the surgical instrument. Still further, surgical guiding tools may be large or bulky, and may require the availability of a large surgical window.

In light of these and other deficiencies recognized by the inventors, there is a need for surgical guiding tools that provide secure and stable attachment to a patient's bone and that provide the ability to accurately and efficiently guide a surgical instrument into or onto the patient's bone.

SUMMARY

Various implementations of systems, methods and devices within the scope of the appended claims each have several aspects, no single one of which is solely responsible for the desirable attributes described herein. Without limiting the scope of the appended claims, some prominent features are described herein.

The present application relates generally to surgical guiding tools that may be patient-specific. Details of one or more implementations of the subject matter described in this specification are set forth in the accompanying drawings and the description below. Other features, aspects, and advantages will become apparent from the description, the drawings, and the claims.

One aspect of the subject matter described in the disclosure provides a surgical guiding tool for a bone. The surgical guiding tool includes a body including one or more clamps configured to attach the surgical guiding tool to one or more portions of the bone, wherein a first clamp of the one or more

2

clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool from the bone. The body further includes at least one aperture for guiding a surgical instrument.

Another aspect of the subject matter described in the disclosure provides a method of manufacturing a surgical guiding tool. The method includes designing the surgical guiding tool to create a surgical guiding tool design, wherein the surgical tool design includes a body including one or more clamps configured to attach the surgical guiding tool to one or more portions of a bone, wherein a first clamp of the one or more clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool from the bone. The body further includes at least one aperture for guiding a surgical instrument. Furthermore, the method includes manufacturing the surgical guiding tool based on the surgical guiding tool design.

Yet another aspect of the subject matter described in the disclosure provides a femoral surgical guiding tool for a distal end of a femur. The femoral surgical guiding tool includes a body including an anterior portion configured to attach the surgical guiding tool to one or more osteophytes on an anterior region of the femur. The body further includes one or more clamps configured to attach the surgical guiding tool to one or more condyles of the femur and at least one aperture for guiding a surgical instrument.

BRIEF DESCRIPTION OF THE DRAWINGS

The following description of the figures is merely exemplary in nature and is not intended to limit the present teachings, their application or uses. Throughout the drawings, corresponding reference numerals indicate like or corresponding parts and features. Note that the relative dimensions of the following figures may not be drawn to scale.

FIG. 1*a* illustrates an example of an anterior view of a femur.

FIG. 1*b* illustrates examples of alternative views of a femur.

FIGS. 2*a* and 2*b* illustrate an example of a surgical guiding tool configured to attach to a bone.

FIG. 3 illustrates another example of a surgical guiding tool configured to attach to a bone and including a flexible structure.

FIG. 4 illustrates yet another example of a surgical guiding tool configured to attach to a bone and including a flexible structure.

FIG. 5 illustrates an example of a flexible structure for use with a surgical guiding tool.

FIG. 6 illustrates another example of a flexible structure for use with a surgical guiding tool.

FIGS. 7*a* and 7*b* illustrates an example of a clamping structure that may act as a retractor.

FIGS. 8*a* and 8*b* illustrates an example of a surgical guiding tool configured to attach to a spine.

FIG. 9 illustrates an aspect of a method of manufacturing a surgical guiding tool.

DETAILED DESCRIPTION OF CERTAIN INVENTIVE EMBODIMENTS

The following detailed description is directed to certain specific embodiments. However, the teachings herein can be applied in a multitude of different ways. In this description,

reference is made to the drawings wherein like parts are designated with like numerals throughout.

The present application will be described with respect to particular embodiments but the invention is not limited thereto but only by the claims.

As used herein, the singular forms “a”, “an”, and “the” include both singular and plural referents unless the context clearly dictates otherwise.

The terms “comprising”, “comprises” and “comprised of” as used herein are synonymous with “including”, “includes” or “containing”, “contains”, and are inclusive or open-ended and do not exclude additional, non-recited members, elements or method steps. The terms “comprising”, “comprises” and “comprised of” when referring to recited components, elements or method steps also include embodiments which “consist of” said recited components, elements or method steps.

Furthermore, the terms first, second, third and the like in the description and in the claims, are used for distinguishing between similar elements and not necessarily for describing a sequential or chronological order, unless specified. It is to be understood that the terms so used are interchangeable under appropriate circumstances and that the embodiments of the invention described herein are capable of operation in other sequences than described or illustrated herein.

Reference throughout this specification to “one embodiment” or “an embodiment” means that a particular feature, structure or characteristic described in connection with the embodiment is included in at least one embodiment of the present application. Thus, appearances of the phrases “in one embodiment” or “in an embodiment” in various places throughout this specification are not necessarily all referring to the same embodiment, but may. Furthermore, the particular features, structures or characteristics may be combined in any suitable manner, as would be apparent to a person skilled in the art from this disclosure, in one or more embodiments. Furthermore, while some embodiments described herein include some but not other features included in other embodiments, combinations of features of different embodiments are meant to be within the scope of the application, and form different embodiments, as would be understood by those in the art. For example, in the appended claims, any of the features of the claimed embodiments can be used in any combination.

The term “about” as used herein when referring to a measurable value such as a parameter, an amount, a temporal duration, and the like, is meant to encompass variations of $\pm 10\%$ or less, preferably $\pm 5\%$ or less, more preferably $\pm 1\%$ or less, and still more preferably $\pm 0.1\%$ or less of and from the specified value, insofar as such variations are appropriate to perform in the disclosed invention. It is to be understood that the value to which the modifier “about” refers is itself also specifically, and preferably, disclosed.

The recitation of numerical ranges by endpoints includes all numbers and fractions subsumed within the respective ranges, as well as the recited endpoints.

The present application discloses surgical guiding tools that may be patient-specific. The surgical guiding tools provide accurate and stable attachment to a bone, which allows stable and accurate introduction of a surgical instrument into the bone. This application further describes medical-image-based surgical guiding tools that may be patient specific. These patient-specific tools may provide the ability to accurately insert a surgical instrument into the patient’s bone according to a predefined planning.

The term “patient-specific” as used herein refers to the surgical devices, tools, and/or guides as described herein,

which are designed starting from an individual patient’s anatomy to provide patient-specific devices, tools, or guides having a custom fit or functioning in a unique, customized manner for a particular individual patient. The use of patient-specific devices, tools, or guides allows for improved or optimized surgical interventions, orthopedic structures, and/or kinematics for the patient. Similar benefits are obtained when such patient-specific devices are used in combination with standard implants, tools, devices, surgical procedures, and/or other methods.

In some embodiments, a surgeon or physician during pre-operative procedures may identify various regions of a bone of a specific patient, such as those described below with respect to the femur **100**, and may determine, based on the identified regions of the bone, an optimal design for various surgical guiding tool components (e.g., a clamp, body, aperture, etc. of a surgical guiding tool). A surgeon or physician may further determine optimal locations for attaching a surgical guiding tool based on the identified regions of the bone. Pre-operative procedures often involve obtaining an image of a patient’s bone prior to performing surgery. Digital patient-specific image information may be provided by any suitable means known in the art, such as, for example, a computer tomography (CT) scanner, a magnetic resonance imaging (MRI) scanner, an x-ray, or an ultrasound scanner.

An advantage of the surgical guiding tools described in the present application provides that sufficient information may be obtained for designing a guiding tool for secure and stable placement onto a patient’s bone based on either CT or MRI images. Cartilage regions of bones may not be visible on the images of CT scans, and, as a result, these cartilage regions may not be used to fit a surgical guiding tool on the patient. A physician may be unable to locate an optimal position or region on the bone for attachment of the surgical guiding tool due to the limited regions of the bone that are visible to the physician. Thus, available attachment regions on the bones for guiding tools may be limited. Accordingly, surgical guiding tools that are able to provide a secure and stable attachment to the bone, along with methods for identifying optimal locations on the bone, even with limited attachment regions are desirable.

Pre-operative planning may include the construction of a three dimensional (3D) virtual model of a bone, or part thereof. In some embodiments, construction of the 3D virtual model may begin with scanning of a patient. For example, the scanning may include using a scanning technique that generates medical volumetric data, such as a CT scan, a MRI scan, or the like. In some embodiments, the output of the scan may include a stack of two-dimensional (2D) slices forming a 3D data set. The output of the scan may be digitally imported into a computer program and may be converted using algorithms known in the field of image processing technology to produce a 3D computer model of the bone. For example, the virtual 3D model may be constructed from the data set using a computer program such as Mimics™ as supplied by Materialise N.V., Leuven, Belgium. Once the 3D volume of the bone, or a part thereof, is reconstructed, the surgeon may define the preferred position, orientation, depth and diameter of the bores and drill paths that are needed for the surgery. Based on the determined surgical needs, the surgeon or a physician may design, manufacture, and/or manipulate a surgical guiding tool to meet the needs of the specific patient.

FIG. 1a illustrates one example of an anterior view of a femur **100**. While the description herein describes a femur, one of skill in the art will understand that the content of the present application applies equally to other bones, such as the humerus, scapula, tibia, fibula, talus, and other shoulder, hip,

5

ankle, and/or finger bones. The anterior region depicted in FIG. 1a is located at the distal end of the femur 100. This anterior region of the femur 100 may provide a portion 102 that may be used to attach and secure a surgical guiding tool thereto. For example, osteophytes may be located on the anterior region of the femur 100, and may be used to attach a surgical guiding tool to the femur 100. An osteophyte is a bony projection that forms along bones, such as at a joint, and may occur in patients with arthritis. One or more osteophytes projecting from the surface of a femur, for example, may provide a surface from which a surgical guiding tool may be attached (e.g., in whole or in part). A medial condyle 108 and a lateral condyle 110 are also located at the distal end of the femur 100. Holes 104 and 106 may be aligned with one or more apertures of a surgical guiding tool and may be created using a surgical tool device (e.g., a surgical drill) inserted into the one or more apertures. Details regarding various embodiments of surgical guiding tools will be discussed below.

FIG. 1b illustrates examples of alternative views of the femur 100 illustrated in FIG. 1a. In particular, FIG. 1b illustrates the medial condyle 108 and the lateral condyle 110 located at the distal end of the femur 100. The medial 108 and lateral 110 condyles may also provide one or more portions that may be used to attach and secure a surgical guiding tool thereto. For example, a lateral region 112 and a medial region 114 of the medial condyle 108 may be used to attach and secure a surgical guiding tool. In some embodiments, lateral and medial regions of the lateral condyle 110 may be used in addition to the lateral region 112 and medial region 114 of the medial condyle 108 to attach a surgical guiding tool to the femur 100. As another example, only the lateral and medial regions of the lateral condyle 110 may be used as an alternative to the lateral region 112 and medial region 114 of the medial condyle 108. In some embodiments, osteophytes located on the medial condyle 108 and/or the lateral condyle 110 may be used to attach and secure a surgical guiding tool.

In some embodiments, as indicated above, the patient-specific regions of a bone may comprise specific anatomical features that may be used to attach a surgical guiding tool. Detailed geometrical, patient-specific information is used in the design and manufacture of a surgical guiding tool in order to determine those surfaces of the bone that are suitable for this purpose. For example, as described above, one or more osteophytes projecting from the surface of a bone, such as a femur, may provide a surface from which a surgical guiding tool may be attached. In addition to the osteophytes, a medial condyle 108 and/or a lateral condyle 110 may provide one or more portions that may be used to attach and secure a surgical guiding tool thereto. In some embodiments, the medial condyle 108 and/or the lateral condyle 110 may be used to attach a surgical guiding tool to the bone independently of the one or more osteophytes.

A method of manufacturing a surgical guiding tool may include designing the surgical guiding tool to create a surgical tool design, which may include identifying and selecting at least one part of a bone that contains specific features that may allow attachment of the surgical guiding tool. For example, a surgical guiding tool for a bone may be designed and manufactured, and may comprise a body including one or more clamps. The clamps may take various forms and perform various functions including, but not limited to, attaching and/or securing the guiding tool to a bone. In some embodiments, the clamps are configured to attach the surgical guiding tool to one or more portions of the bone, wherein a first clamp of the one or more clamps includes a snap-fit portion including a

6

flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool from the bone. The flexible structure may include any structure that can be used to increase the clamping force of the first clamp and to ease removal of the surgical guiding tool from the bone. For example, as discussed further below, the flexible structure may include a snap-fit portion with a material having a thickness that is less than the average thickness of the remainder of the body. As another example, the flexible structure may include one or more attachment mechanisms, such as a group of bands or chains or a honeycomb structure, that interconnect a first portion (e.g., a medial portion) of the first clamp to a second portion (e.g., lateral) of the first clamp. Further examples of a flexible structure may include attachment mechanisms using one or more screws to lock an undercut portion in place, using a retractor, using a spring loaded lock, using a spring combined with a hinge, using a push button locking mechanism, etc. The flexible structure may further include a reference mechanism that can be used to confirm that the surgical guiding tool is properly attached to the bone. The surgical guiding tool (e.g., the body) may further comprise at least one aperture for guiding a surgical instrument. In another example, a femoral surgical guiding tool for a distal end of a femur may be designed and manufactured, and may comprise a body including an anterior portion configured to attach the surgical guiding tool to one or more osteophytes on an anterior region of the femur, and one or more clamps configured to attach the surgical guiding tool to one or more condyles of the femur. In this example, the femoral surgical guiding tool (e.g., the body) may further comprise at least one aperture for guiding a surgical instrument.

Manufacturing and/or designing of a surgical guiding tool may further include determining the appropriate position of a guiding component of the surgical guiding tool (e.g., an aperture) with regard to the bone. In particular embodiments, this may be done based on the pre-operative planning of the desired path of the surgical tool in the bone. The orientation of the guiding component may be such that the surgical instrument is guided in the predetermined direction. Pre-operative planning by a physician makes it possible to determine the required path of the surgical instrument, and accordingly, the required orientation of the guiding component. The pre-operative planning may be done using suitable dedicated software, based on suitable medical images (of which CT, MRI, are examples), taking into account factors like bone quality and proximity to nerve bundles/blood vessels, or other anatomically sensitive objects. In some embodiments, preoperative images are imported into a computer workstation running 3D software in order to plan and simulate the surgery. The imported images may be manipulated as 3D volumes, and a computer simulation may be created, which outputs a planning containing the information necessary for adapting the orientation of the guiding component.

Manufacturing of a surgical guiding tool may further comprise manufacturing the surgical guiding tool based on the design. FIG. 7 provides an example of a method of manufacturing a surgical guiding tool, and is described in further detail below.

FIGS. 2a and 2b illustrate an example of a surgical guiding tool 200 configured to attach to a bone. In some embodiments, the surgical guiding tool 200 may be a femoral surgical guiding tool for a distal end of a femur 212. While the description herein may describe a femur 212 as an example of the bone, one of skill in the art will understand that the content of the present application applies equally to other bones, such as the humerus, scapula, tibia, fibula, talus, spine, and other shoul-

der, hip, ankle, and/or finger bones. The surgical guiding tool **200** includes a body **202** that is configured to attach to at least one region or portion of the femur **212**. The body **202** includes a first portion **214**, such as an anterior portion, that is configured to attach the surgical guiding tool to an anterior region of the femur **212**. For example, the first portion **214** may be configured to attach the surgical guiding tool **200** to one or more osteophytes on the anterior region of a femur **212**. In some embodiments, the first portion **214** may be configured to attach the surgical guiding tool to one or more osteophytes anywhere along a bone, such as one or more osteophytes on the distal end of a humerus. The first portion **214** attaches and secures the surgical guiding tool **200** to the femur **212**. For example, the first portion **214** may be configured to rest on one or more osteophytes and thus restrict undesired movement of the surgical guiding tool **200**. In this example, as further described below, a clamp **204** may be used to secure the surgical guiding tool **200** to the femur **212**. In some embodiments, the first portion **214** may include a flexible snap-fit portion for increasing a clamping force of the first portion **214** to the femur **212** and allowing ease of removal of the surgical guiding tool **200** from the femur **212**. For example, the first portion **214** may be manufactured from a flexible material that creates a clamping force for squeezing a portion of a femur **212** (e.g., an osteophyte), and at the same time allows a physician to easily remove the surgical guiding tool **200** from the femur **212**.

The body **202** of the surgical guiding tool **200** further includes a clamp **204** configured to attach the surgical guiding tool **200** to one or more portions of the femur **212**. For example, the clamp **204** may be configured to attach the surgical guiding tool **200** to a condyle of the femur **212**, such as the medial condyle as illustrated in FIGS. **2a** and **2b**. The secure attachment of the clamp **204** to a condyle ensures that the surgical guiding tool **200** remains in a stable and secure position during surgery. The extent of displacement of the clamp **204** that is needed to place the surgical guiding tool **200** onto the femur **212** depends on the thickness of the portion of the femur **212** (e.g., a condyle) that the clamp is to be attached and the extent to or the angle by which the clamp **204** spans the contour of the portion of the femur **212** upon placement of the surgical guiding tool thereon. In some embodiments, an overhang of the ends (referred to as an “undercut” portion) of the clamp **204** is created when the surgical guiding tool **200** is placed on the femur **212**. For example, the undercut portion of the clamp **204** may form a clamping or snapping mechanism that encloses the condyle and creates a stable and secure attachment of the surgical guiding tool **200** to the femur **212**. In some embodiments, the clamp **204** may include a snap-fit portion including a flexible structure for increasing a clamping force of the clamp **204** and allowing ease of removal of the surgical guiding tool **200** from the femur **212**. For example, a snap-fit portion of the clamp **204** including the flexible structure may be configured to allow a stable and secure attachment of the surgical guiding tool **200** to a condyle of the femur **212** by increasing the clamping force of the clamp **204**, while allowing a physician to remove the surgical guiding tool **200** from the femur **212** with ease. Details regarding different embodiments of a snap-fit portion of a clamp are described below. In some embodiments, the body **202** of the surgical guiding tool **200** may include more than one clamp that is similar to clamp **204**. For example, body **202** may include a second clamp that may be configured to attach to the lateral condyle of the femur **212** in addition to the clamp **204**. The use of a second clamp may add further stability of the surgical guiding tool **200** to the femur **212**.

The use of the first portion **214** along with one or more clamps, such as clamp **204**, ensures that the surgical guiding tool remains secured to the femur **212**, or other bone, even with limited attachment regions on the bones for attaching the guiding tool (e.g., due to cartilage regions not being visible on the images of CT scans, as described above). By securing the surgical guiding tool **200** in a stable manner using the first portion **214** and the one or more clamps, the surgical guiding tool may be securely and accurately placed on the bone so that surgery may be performed more accurately and safely due to little or no movement of the guide. For example, by attaching the first portion **214** to the anterior region of the femur **212** (e.g., to an osteophyte), and further attaching one or more clamps, such as clamp **204**, to one or more condyles, the surgical guiding tool **200** will be restricted from various translational and rotational movements (e.g., posterior and anterior sliding, distal and proximal sliding, mediolateral sliding, internal-external rotation, varus-valgus movements, and/or flexion-extension).

The surgical guiding tool **200** further includes apertures **206**, **208**, and **210**, which may be aligned with areas of the femur **212** corresponding to locations that need to be accessed for surgery, such as locations where holes are to be drilled. For example, holes **104** and **106** illustrated in FIG. **1** may be aligned with the apertures **206** and may be created using a surgical tool device inserted into the apertures **206**, such as a drill, bur, saw, jig saw, lateral drill or any other cutting, milling or drilling instrument. The apertures **206**, **208**, and **210** are positioned so that a surgical tool device that is passed through one or more of the apertures **206**, **208**, and **210** can reach the bone at the desired location. The apertures **206**, **208**, and **210** may be positioned in any direction relative to the bone as long as it provides access for a surgical tool device to reach the bone at the desired location. In some embodiments, the apertures **206**, **208**, and **210** may protrude from the surface of the body **214**, as illustrated in FIGS. **2a** and **2b**. In some embodiments, the apertures may include safety stops to prevent a surgical tool device from advancing beyond a planned or determined depth into the bone. While the description herein may describe apertures **206**, **208**, and **210** located at specific locations, one of skill in the art will understand that the content of the present application applies equally to aperture locations relating to patient-specific locations on different type of bones, and may be determined using pre-operative procedures described above. Further, the orientation and position of the apertures may correspond to pre-operative planning and procedures.

In some embodiments, the surgical guiding tool **200** may be a single, continuous structure (e.g., a single mold) that includes all of the guiding tool components, including the body **214**, the apertures **206**, **208**, and **210**, and the clamp **204**. In some embodiments, the each component of the surgical guiding tool **200** may be a separate structure that is integrated with the other components to create the surgical guiding tool **200**.

FIG. **3** illustrates another example of a surgical guiding tool **300** configured to attach to a bone and including a flexible structure **316**. In some embodiments, the surgical guiding tool **300** may be a femoral surgical guiding tool for a distal end of a femur **312**. While the description herein may describe a femur **312** as an example of the bone, one of skill in the art will understand that the content of the present application applies equally to other bones, such as the humerus, scapula, tibia, fibula, talus, and other shoulder, hip, ankle, and/or finger bones. Similar to the surgical guiding tool **200** illustrated in FIG. **2**, surgical guiding tool **300** includes a body **302**, a clamp **304**, apertures **306**, **308**, and **310**, and a first portion

314 (e.g., an anterior portion). The body **302** is configured to attach to at least one region or portion of the femur **312** and includes a first portion **314**, such as an anterior portion, that is configured to attach the surgical guiding tool to an anterior region of the femur **312**. For example, the first portion **314** may be configured to attach the surgical guiding tool **300** to one or more osteophytes on the anterior region of a femur **312**. In some embodiments, the first portion **314** may be configured to attach the surgical guiding tool to one or more osteophytes anywhere along a bone, such as one or more osteophytes on the distal end of a humerus. In some embodiments, the first portion **314** may be configured to rest on one or more portions of the femur **312** (e.g., one or more osteophytes) and thus restrict undesired movement of the surgical guiding tool **300**. In these embodiments, the clamp **304** may be used to secure the surgical guiding tool **300** to the femur **312**. In some embodiments, the first portion **314** may include a flexible snap-fit portion for increasing a clamping force of the first portion **314** to the femur **312** and allowing ease of removal of the surgical guiding tool **300** from the femur **312**. For example, the first portion **314** may be manufactured from a flexible material that creates a clamping force for squeezing a portion of a femur **312** (e.g., an osteophyte), and at the same time allows a physician to easily remove the surgical guiding tool **300** from the femur **312**.

The clamp **304** is configured to attach the surgical guiding tool **300** to one or more portions of the femur **312**, such as a medial condyle as illustrated in FIG. 3. The clamp **304** may include a snap-fit portion including flexible structure **316** for increasing a clamping force of the clamp **304** and allowing ease of removal of the surgical guiding tool **300** from the femur **312**. The snap-fit portion may be configured to allow a stable and secure attachment of the surgical guiding tool **300** to a condyle of the femur **312** by increasing the clamping force of the clamp **304**, while allowing a physician to remove the surgical guiding tool **300** from the femur **312** with ease. The flexible structure **316** of the snap-fit portion may include material having a thickness that is less than the average thickness of the remainder of the body **302**. By manufacturing the flexible structure **316** of the snap-fit portion to be thinner than the remainder of the body, the desired flexibility of the clamp **304** of the guiding tool **300** may be obtained because the thinner portion introduces a weakened area in the clamp **304**, which allows bending of the snap-fit portion of the clamp **304**. For example, the flexible structure **406** provides flexibility so that a physician is able to easily manipulate the clamp **304** to fit around a condyle of the femur **312**, and at the same time provides a clamping force sufficient to securely attach the surgical guiding tool **300** to the femur **312** in a stable and secure manner. In some embodiments, the flexible structure **316** may have a thickness that is between $\frac{1}{2}$ and $\frac{1}{3}$ of the average thickness of the remainder of the body **302**. In some embodiments, the minimum thickness of the flexible structure is about 2 mm, to maintain stability of the structure. In some embodiments, the body **302** of the surgical guiding tool **300** may include more than one clamp that is similar to clamp **304**. For example, body **302** may include a second clamp that may be configured to attach to the lateral condyle of the femur **312** in addition to the clamp **304**. The use of a second clamp may add further stability of the surgical guiding tool **300** to the femur **312**. In some embodiments, the body **302** may include a first clamp, such as clamp **304**, that includes a snap-fit portion including a flexible structure, such as flexible structure **316**, and a second, non-flexible clamp (e.g., with an undercut portion). In some embodiments, the body **302** may include two or more clamps that include a snap-fit portion including a flexible structure.

Apertures **306**, **308**, and **310** are similar to the apertures illustrated in FIG. 2, and may be aligned with areas of the femur **312** that correspond to locations that need to be accessed for surgery, such as locations where holes are to be drilled. For example, drill holes **104** and **106** illustrated in FIG. 1 may be aligned with the apertures **306** and may be created using a surgical tool device inserted into the apertures **306**, such as a drill, bur, saw, jig saw, lateral drill or any other cutting, milling or drilling instrument. In some embodiments, the apertures **306**, **308**, and **310** may protrude from the surface of the body **314**, as illustrated in FIG. 3. While the description herein may describe apertures **306**, **308**, and **310** located at specific locations, one of skill in the art will understand that the content of the present application applies equally to aperture locations relating to patient-specific locations on different type of bones, and may be determined using pre-operative procedures described above.

FIG. 4 illustrates yet another example of a surgical guiding tool **400** configured to attach to a bone, such as the femur **412**, and including a flexible structure **406**. The surgical guiding tool **400** includes a first clamp **402** and a second clamp **410**. The first clamp **402** may include a snap-fit portion including flexible structure **406** for increasing a clamping force of the first clamp **402** and allowing ease of removal of the surgical guiding tool **400** from the femur **412**. The snap-fit portion may be configured to allow a stable and secure attachment of the surgical guiding tool **400** to a condyle of the femur **412** by increasing the clamping force of the first clamp **402**, while allowing a physician to remove the surgical guiding tool **400** from the femur **412** with ease. The flexible structure **406** includes one or more attachment mechanisms, such as a group of bands or chains, that interconnect a medial portion of the first clamp **402** to a lateral portion **404** of the first clamp **402**. FIG. 5 illustrates an example of the flexible structure **406**. The one or more attachment mechanisms of the flexible structure **406** provide the desired flexibility of the first clamp **402** of the surgical guiding tool **400** and allow bending of the snap-fit portion of the clamp **402**. The one or more attachment mechanisms may include a group of bands or chains that are made from a flexible material (e.g., silicone, rubber, etc.) that provides a flexible attachment of the clamp **402** to the femur **412**. For example, the one or more attachment mechanisms of the flexible structure **406** provides flexibility so that a physician can easily manipulate the clamp **402** to fit around the condyle of the femur **412**, and at the same time provides a clamping force sufficient to securely attach the surgical guiding tool **400** to the femur **412** in a stable and secure manner. Each attachment mechanism of the flexible structure **406** may further include one or more cylinders **408** (e.g., one cylinder for each attachment mechanism) that add rigidity and stability to the flexible structure so that the clamp fits securely to the bone. Further, the one or more cylinders **408** may increase the clamping force for securely attaching the surgical guiding tool **400** to the femur **412**.

FIG. 6 illustrates another example of a flexible structure **600** for use with a surgical guiding tool, such as the surgical guiding tools described above. The flexible structure **600** includes a plurality of holes, and may be shaped like a honeycomb structure. The flexible structure **600** may be used in place of the one or more attachment mechanisms described above with respect to FIG. 5. For example, the flexible structure **600** may interconnect a medial portion of the first clamp **402** to a lateral portion **404** of the first clamp **402**. The plurality of holes add flexibility so that a physician can easily manipulate a clamp using the flexible structure **600** to attach to a portion of a bone (e.g., a condyle of a femur). The plurality of holes further add rigidity for providing a clamping

11

force sufficient to securely attach the surgical guiding tool **600** to the bone in a stable manner. The flexible structure **600** may be used to fit a clamp of a surgical guiding tool snugly around the condyle of a femur in order to provide a stable and secure fit of the surgical guiding tool to the femur.

One of skill in the art will understand that any flexible material may be used as the material for the attachment mechanism. In some embodiments, only materials that are biocompatible (e.g., USP class VI compatible) may be used as the attachment mechanism of the flexible structure **406**.

In some embodiments, the second clamp **410** of the surgical guiding tool **400** may include an undercut portion when the surgical guiding tool **400** is placed on the femur **412**. For example, an undercut portion of the second clamp **410** may form a clamping or snapping mechanism that encloses a condyle, such as the lateral condyle illustrated in FIG. 4, and creates a stable and secure attachment of the surgical guiding tool **400** to the femur **412**.

In some embodiments, the second clamp **410** may include a snap-fit portion including flexible structure for increasing a clamping force of the clamp **410** and allowing ease of removal of the surgical guiding tool **400** from the femur **412**. The flexible structure of the snap-fit portion may include material having a thickness that is less than the average thickness of the remainder of the body of the surgical guiding tool **400**, or may include one or more attachment mechanisms similar to the flexible structure **406** of the first clamp **402**.

In some embodiments, the surgical guiding tools **200**, **300**, and/or **400** may be a single, continuous structure (e.g., a single mold) that includes all of the guiding tool components, including the body, the apertures, and the one or more clamps. In some embodiments, the each component of the surgical guiding tools **200**, **300**, and/or **400** may be a separate structure that is integrated with the other components to create the surgical guiding tools.

FIG. 7a illustrates a clamping structure **700** that may act as a retractor. The clamping structure **700** includes a body **702** and a clamp **704**. The clamp **704** includes an engagement surface **706** that may anatomically match part of a bone of a patient, such as a knee, shoulder, ankle, etc. In some embodiments, the clamping structure **700** includes a coupling feature **708** that allows a removable coupling of the body **702** and the clamp **704** to one another. For example, the coupling feature **708** may form a dovetail coupling. The body **702** further includes a clipping portion **710** (e.g., a rotation clip).

FIGS. 7b illustrates an embodiment including the clamping structure **700** used with a surgical guiding tool **712** (e.g., a patient specific surgical guiding tool). For example, the surgical guiding tool **712** may be used for positioning on a shoulder bone **714**. While the description herein may describe a shoulder bone **714** as an example of the bone, one of skill in the art will understand that the content of the present application applies equally to other bones, such as the femur, humerus, scapula, tibia, fibula, talus, and other shoulder, hip, ankle, and/or finger bones. The surgical guiding tool may be used to guide the drilling of a hole in the bone **714** via a drill guide **716**. The clamping structure **700** may begin in a position suitable for insertion or removal of the clamping structure into the patient. The clipping portion **710** fits onto a corresponding portion of the surgical guiding tool **712**. The clamp **704** of the clamping structure **700** comprises a retractor surface that matches the anatomy of the shoulder bone over which it will be applying force when the retractor surface of the clamping structure is in its engaged position. In FIG. 7b, the clamping structure **700** is illustrated in an engaged position. In this position, the retractor surface of the clamping structure is engaged to the surgical guiding tool **712** and pulls

12

the guide towards the bone surface, thereby creating a clamp and thus producing a secure and stable locking fit. The clamping structure **700** further operates to pull back the skin of the patient while providing the clamping force to the bone.

In some embodiments, the clamping structure **700** may be integrated with a surgical guiding tool, such as guiding tools **200**, **300**, **400**, and/or **716**, so that the surgical guiding tool includes a single structure including the clamping structure **700**. Integration of the clamping structure **700** with the surgical guiding tool allows a ratcheting clamping structure for providing a secure and stable placement of the surgical guiding tool to a bone. In some embodiments, a surgical guiding tool may include two clamping structures **700** on two opposite sides of the surgical guiding tool. Providing two clamping structures **700** allows a ratcheting force on two sides of the surgical guiding tool, providing an even more stable and secure clamping force.

In some embodiments, the clamping structure **700** used as a retractor may include any structure for locking clamping structure **700** into place so that a physician may operate without holding the retractor in place. For example, the clamping structure **700** may include a ratchet retractor that may be used to lock the clamping structure **700** in place. The ratchet retractor may have multiple locking positions that allow a variable opening in the surgical location of the patient.

In some embodiments, the retractor may be provided with holes or other features that allow the placing of pins into the bone **714**, thereby locking the surgical guiding tool and retractor into place. In some embodiments, the surgical guiding tool **712** may further include a coupling feature that allows integration of a surgical instrument into the surgical guiding tool. The coupling feature may have a shape that matches the shape of (a part of) the surgical instrument.

FIGS. 8a and 8b illustrate an example of a surgical guiding tool **800** configured to attach to a spine **810**. The surgical guiding tool **800** includes a first transverse process clamp **802**, a second transverse process clamp **804**, a spinous process clamp **806**, and a guiding element **808**. The first and second transverse process clamps **802** and **804** include clamps that are able to provide a secure and stable attachment to the transverse process portions of the spine **810**. The spinous process clamp **806** further provides a secure attachment to the spinous process of the spine **810**. Any of the clamps described above with respect to FIGS. 2-7 may be used for the first and second transverse process clamps **802** and **804** and/or the spinous process clamp **806**. For example, an overhang of the ends (i.e., an undercut portion) of the clamps **802**, **804**, and/or **806** may be created when the surgical guiding tool **800** is placed on the spine **810**. The undercut portion may form a clamping or snapping mechanism that encloses the transverse process and creates a stable and secure attachment of the surgical guiding tool **800** to the spine **810**. As another example, the clamps **802**, **804**, and **806** may include a snap-fit portion including a flexible structure for increasing a clamping force of the clamps **802**, **804**, and **806** and allowing ease of removal of the surgical guiding tool **800** from the spine **810**. In some embodiments, the flexible snap-fit portion including the flexible structure may include material having a thickness that is less than the average thickness of the remainder of the guide **800**, as described above. In some embodiments, the flexible snap-fit portion including the flexible structure may include one or more attachment mechanisms, as described above, that may include a group of bands, chains, or a honeycomb structure that are made from a flexible material. The surgical guiding tool may further include a guiding element **808**. The guiding element **808** may include an aperture through which a surgical instrument may be

13

placed. The guiding element **808** may further include a drill pin, or any other tool used in a surgical procedure relating to the spine. For example, a drill pin may be used to lock the guide **800** into place on the spine **810**. In some embodiments, any number of clamps may be used to attach the surgical guiding tool **800** to the spine **810**. For example, a clamp may further be used to attach the surgical guiding tool **800** to the lamina, the superior process articular, the pedicle, etc.

In some embodiments, the surgical guiding tools **200**, **300**, **400**, **716**, and/or **800** illustrated in FIGS. **2-4**, **7**, and **8** may include one or more handle structures (not shown) that protrude from the outer surface of the surgical guiding tool. The one or more handle structures may be used to allow easy manipulation of the guiding tools, such as for handling the guiding tools. For example, the one or more handles may be used for placing the guiding tools over the bone or removing them from the bone. In some embodiments, the handle structures may function to open a clamp, such as clamp **204**, **304**, **402**, **704**, **802**, **804**, and/or **806**, of the guiding tool by forcing two or more of the handle structures together. Thus, the one or more handles may allow easier placement or removal of the guiding tool over or from the bone.

FIG. **9** illustrates a method of manufacturing a surgical guiding tool. At block **902**, the method includes designing the surgical guiding tool to create a surgical tool design, wherein the surgical guiding tool design includes: a body including one or more clamps configured to attach the surgical guiding tool to one or more portions of a bone, wherein a first clamp of the one or more clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool from the bone, and at least one aperture for guiding a surgical instrument. At block **904**, the method includes manufacturing the surgical guiding tool based on the surgical guiding tool design. The surgical guiding tool may be designed and/or manufactured according to the pre-operative planning procedures using patient-specific features of a patient's bone discussed above. In some embodiments, the snap-fit portion is manufactured to provide a level of force specified in the design.

In some embodiments, the surgical guiding tools described above are partially or completely made by additive manufacturing, which allows the integration of patient-specific components (e.g., the body, the one or more clamps, the apertures, etc.) that further increases the accuracy of the guiding tools. The patient-specific components of the surgical guiding tools may be designed based on patient-specific parts of a particular bone of a patient. The patient specific components of the surgical guiding tools may be made by generating portions that are complementary to the patient-specific parts of the bone. For converting digital image information of the bone into a basic model, template, or mold that at least in part shows the positive or negative form of at least a portion of the bone, any suitable technique known in the art may be used, such as for example a rapid prototyping technique.

Rapid Prototyping and Manufacturing (RP&M) may be defined as a group of techniques used to quickly fabricate a scale model of an object typically using three-dimensional (3-D) computer aided design (CAD) data of the object. Currently, a multitude of Rapid Prototyping techniques are available, including stereo lithography (SLA), Selective Laser Sintering (SLS), Fused Deposition Modeling (FDM), foil-based techniques, etc.

A common feature of these techniques is that objects are typically built layer by layer. Stereo lithography, presently the most common RP&M technique, utilizes a vat of liquid photopolymer "resin" to build an object a layer at a time. On each

14

layer, an electromagnetic ray, e.g. one or several laser beams which are computer-controlled, traces a specific pattern on the surface of the liquid resin that is defined by the two-dimensional cross sections of the object to be formed. Exposure to the electromagnetic ray cures, or, solidifies the pattern traced on the resin and adheres it to the layer below. After a coat had been polymerized, the platform descends by a single layer thickness and a subsequent layer pattern is traced, adhering to the previous layer. A complete 3-D object is formed by this process.

Selective laser sintering (SLS) uses a high power laser or another focused heat source to sinter or weld small particles of plastic, metal, or ceramic powders into a mass representing the 3-dimensional object to be formed.

Fused deposition modeling (FDM) and related techniques make use of a temporary transition from a solid material to a liquid state, usually due to heating. The material is driven through an extrusion nozzle in a controlled way and deposited in the required place as described, for example, in U.S. Pat. No. 5,141,680, the entire disclosure of which is hereby incorporated by reference.

Foil-based techniques fix coats to one another by means of gluing or photo polymerization or other techniques and cut the object from these coats or polymerize the object.

Typically RP&M techniques start from a digital representation of the 3-D object to be formed. Generally, the digital is sliced into a series of cross-sectional layers which can be overlaid to form the object as a whole. The RP&M apparatus uses this data for building the object on a layer-by-layer basis. The cross-sectional data representing the layer data of the 3-D object may be generated using a computer system and computer aided design and manufacturing (CAD/CAM) software.

A selective laser sintering (SLS) apparatus may be used for the manufacture of a surgical guiding tool template instead of a computer model. It should be understood however, that various types of rapid manufacturing and tooling may be used for accurately fabricating these surgical templates including, but not limited to, stereolithography (SLA), Fused Deposition Modeling (FDM) or milling.

The surgical guiding tools described above (or parts thereof) may be manufactured using different materials. In some embodiments, only materials that are biocompatible (e.g. USP class VI compatible) with the human body are used. In some embodiments, a surgical guiding tool template may be formed from a heat-tolerable material allowing it to tolerate high-temperature sterilization. In some embodiments, if SLS is used as a RP&M technique, the surgical guiding tool template may be fabricated from a polyamide such as PA 2200 as supplied by EOS, Munich, Germany or any other material known by those skilled in the art may also be used.

The invention disclosed herein may be implemented as a method, apparatus, or article of manufacture using standard programming or engineering techniques to produce software, firmware, hardware, or any combination thereof. The term "article of manufacture" as used herein refers to code or logic implemented in hardware or nontransitory computer readable media such as optical storage devices, and volatile or non-volatile memory devices or transitory computer readable media such as signals, carrier waves, etc. Such hardware may include, but is not limited to, field programmable gate arrays (FPGAs), application-specific integrated circuits (ASICs), complex programmable logic devices (CPLDs), programmable logic arrays (PLAs), microprocessors, or other similar processing devices.

It will be appreciated by persons skilled in the art that numerous variations and/or modifications may be made to the

15

invention without departing from the spirit or the scope of the invention as broadly described. The above described embodiments are, therefore, to be considered in all respects as illustrative and not restrictive.

What is claimed is:

1. A surgical guiding tool for a bone comprising:
a body including:
one or more clamps configured to attach the surgical guiding tool to one or more portions of the bone and restrict movement, wherein a first clamp of the one or more clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool, wherein the flexible structure of the snap-fit portion includes a honeycomb structure including a plurality of holes that add flexibility and rigidity to the flexible structure;
a first portion configured to attach the surgical guiding tool to an osteophyte on the bone to restrict movement; and
at least one aperture for guiding a surgical instrument.
2. The surgical guiding tool of claim 1, wherein the first portion is configured to create a clamping force for squeezing the osteophyte on the bone to restrict the movement.
3. The surgical guiding tool of claim 1, wherein the flexible structure of the snap-fit portion includes material having a thickness that is between $\frac{1}{2}$ and $\frac{1}{5}$ of the average thickness of the remainder of the body.
4. The surgical guiding tool of claim 1, wherein the first clamp comprises an undercut portion.
5. The surgical guiding tool of claim 4, wherein the undercut portion forms a clamping mechanism that is configured to enclose a condyle of the bone.
6. The surgical guiding tool of claim 1, wherein the bone is one of a shoulder or a femur.
7. The surgical guiding tool of claim 1, wherein the first portion includes another flexible snap-fit portion for increasing a clamping force of the first portion to the osteophyte and allowing ease of removal of the surgical guiding tool from the osteophyte.
8. The surgical guiding tool of claim 1, wherein the bone is a femur and the one or more portions of the bone that the one or more clamps are configured to attach the surgical guiding tool to include at least one condyle of the distal end of the femur.
9. The surgical guiding tool of claim 1, wherein the flexible structure includes a flexible material.

16

10. A surgical guiding tool for a bone comprising:
a body including:

- one or more clamps configured to attach the surgical guiding tool to one or more portions of the bone and restrict movement, wherein a first clamp of the one or more clamps includes a snap-fit portion including a flexible structure for increasing a clamping force of the first clamp and allowing ease of removal of the surgical guiding tool, wherein the flexible structure of the snap-fit portion includes at least one chain connected between a first portion of the first clamp and a second portion of the first clamp, wherein the at least one chain includes at least one cylinder adding rigidity to the at least one chain;
- a first portion configured to attach the surgical guiding tool to an osteophyte on the bone to restrict movement; and
at least one aperture for guiding a surgical instrument.
11. The surgical guiding tool of claim 10, wherein the first portion is configured to create a clamping force for squeezing the osteophyte on the bone to restrict the movement.
12. The surgical guiding tool of claim 10, wherein the flexible structure of the snap-fit portion includes material having a thickness that is between $\frac{1}{2}$ and $\frac{1}{5}$ of the average thickness of the remainder of the body.
13. The surgical guiding tool of claim 10, wherein the first clamp comprises an undercut portion.
14. The surgical guiding tool of claim 13, wherein the undercut portion forms a clamping mechanism that is configured to enclose a condyle of the bone.
15. The surgical guiding tool of claim 10, wherein the bone is one of a shoulder or a femur.
16. The surgical guiding tool of claim 10, wherein the first portion includes another flexible snap-fit portion for increasing a clamping force of the first portion to the osteophyte and allowing ease of removal of the surgical guiding tool from the osteophyte.
17. The surgical guiding tool of claim 10, wherein the bone is a femur and the one or more portions of the bone that the one or more clamps are configured to attach the surgical guiding tool to include at least one condyle of the distal end of the femur.
18. The surgical guiding tool of claim 10, wherein the flexible structure includes a flexible material.

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